

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number 23-01322
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 739,000.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 214,461.60
- 1c. Copy line 63, Total of all property on *Schedule A/B* **\$ 953,461.60**

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 363,784.50
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 60,709.60
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 1,262,712.19
- Your total liabilities** **\$ 1,687,206.29**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 9,423.47
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 7,205.34

Debtor 1

Jonathan Flanary

First Name

Middle Name

Last Name

Case number (if known) 23-01322

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 1,995.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 6,622.64
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 51,737.96
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 7,573.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 65,933.60

Fill in this information to identify your case and this filing:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number 23-01322
(if know)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2
- ☒ Yes. Where is the property?

1.1 1232 Kruger Ave.
Street address, if available, or other description

Charleston SC 29407

City State ZIP Code

Calhoun County

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

TMS#349-03-00-089 (The debtor purchased this home for \$225,000.00 in 2006. The debtor is informed and believes if he were to sell this property he could receive approximately \$389,000.00 based on the current housing market.) Tax Assessment Value \$229,700.00

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?	Current value of the portion you own?
\$ <u>389,000.00</u>	\$ <u>389,000.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

☐ Check if this is community property

Debtor 1

Jonathan Mark Flanary
First Name Middle Name Last Name

Case number(if known) 23-01322

1.2 1609 Diddy Dr.
Street address, if available, or other description

Mount Pleasant SC 29464

City State ZIP Code

Charleston County

County

What is the property? Check all that apply

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

TMS#560-12-00-145 (The debtor's father Edward R Flanary Jr. purchased this home for \$857,500.00 in October 2018. In December 2018 Edward Flanary Jr. executed a quit-claim deed and transferred 25% interest to the debtor. The debtor is informed and believes the property could be sold for approximately \$1,400,000.00, based on the current housing market.) Tax Assessment Value \$857,000.00 (This property is subject to a mortgage held by US Bank in Edward Flanary's name only. Total balance owed: \$556,108.48)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? **Current value of the portion you own?**

\$ 1,400,000.00 \$ 350,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint tenant

☐ Check if this is community property

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....>

\$ 739,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Ford
Model: F350
Year: 2022
Approximate mileage: 31,500

Other information:

Condition: Good; VIN: 1FT8W3BN4NEC55305;

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? **Current value of the portion you own?**

\$ 56,325.00 \$ 56,325.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☒ Yes

4.1 Make: Sea Hunt
Model: Ultra 234
Year: 2021

Other information:

Condition: Good; Included 2020 Yamaha F250XC Outboard Motor(Surrender);

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? **Current value of the portion you own?**

\$ 68,815.00 \$ 68,815.00

4.2 Make:Rhodan Marine Trolling Motor

Model:_____

Year:_____

Other information:

Condition:Good;

Who has an interest in the property? Check one

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 3,500.00

Current value of the portion you own?

\$ 3,500.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....>

\$ 128,640.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

6. Household goods and furnishings

Do not deduct secured claims or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe...Kitchenware
Stove
Refrigerator
Washing Machine
Dryer
Living Room Furniture
Bedroom Furniture
Dining Room Furniture
Lawn Furniture
Lawn Mower
Yard Tools

\$ 2,175.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe...3 Televisions (\$250)
MacBook Air (\$200)
HP Printer (\$25)
iPhone 14 (\$600)
iPad (\$50)
Apple Watch (\$300)

\$ 1,425.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe...

Household Décor

\$ 50.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe...

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe...Glock Handgun (\$200)
Benelli Ethos 12 Gauge Shotgun (\$1000)

\$ 1,200.00

Debtor 1

Jonathan Mark Flanary
First Name Middle Name Last Name

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe...

Clothing and Personal Items \$ 800.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

- ☐ No
☒ Yes. Describe...

The debtor does not own any jewelry. \$ 0.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe...

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No
☐ Yes. Give specific information...

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....

\$5,650.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes..... Cash \$ 30.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes.....

Institution name:

17.1. Checking account: South State Bank Acct: #5887 HSA Family Account (This account currently has a zero balance.) \$ 0.00

17.2. Checking account: Chime Credit Builder Acct: # (This account currently has a zero balance.) \$ 0.00

17.3. Checking account: Chase Bank Acct: #8519 \$ 865.52

17.4. Checking account: Chime Checking Acct: #8327 \$ 1,995.00

17.5. Checking account: Greenlight Account: For minor daughter (This account currently has a zero balance.) \$ 0.00

17.6. Checking account: Greenlight Account: For minor son \$ 11.71

17.7. Other financial account: Venmo (This account currently has a balance of zero. The debtor only uses it to transfer money.) \$ 0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☐ No
☒ Yes.....

Institution or issuer name:

Bitcoin through Venmo \$ 32.60

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Sadies Fabric Empire, LLC (ASSETS: Inventory \$23,959 Cash: \$0 Bank Account: \$4,957.24 Fixtures: \$0 Equipment: \$5,000 Website: \$1.00 Goodwill: \$20,000 Total Assets: \$53,917.24 LIABILITIES: Accounts Payable: \$1,078.10 Commissions Owed: \$1,876.10 American Express: \$1,840.35 Total Liabilities: \$4,794.55)

50 % \$ 49,122.69

Woven Provisions, LLC (CLOSED) Mr. Flanary started this business in name only. It did not operate and had no assets.

50 % \$ 0.00

Luxury Flooring, LLC (Assets: Inventory \$0 Cash: \$0 Bank Account: \$8,347.22 Fixtures: \$0 Forklift: \$12,000 Goodwill: \$10,000 Total Assets: \$30,347.22 LIABILITIES: Accounts Payable: \$0.00 South State Bank Forklift Loan: \$12,265.62 Total Liabilities: \$12,265.62)

50 % \$ 18,081.60

Aiden Fabrics, LLC (CLOSED 10/16/2022) (ASSETS: Inventory \$20,000 Cash: \$0 Bank Account: \$8.52 Fixtures: \$500 Equipment: \$5,000 Website: \$1.00 Goodwill: \$5,000 Total Assets: \$25,509.52 LIABILITIES: Accounts Payable: \$203,160.89 On Deck Loan: \$119,822.80 ACF Group Loan / Funding Metrics: \$202,992.72 Credit Card Balances: \$132,989.32 SBA Loan: \$150,000 Intuit/ QuickBooks Payable: \$102,000 SC DEPT of Revenue Sales & Use Tax Owed: \$63,747.10 Back Rent Owed to EF Enterprises: \$92,000 Loans Owed to Shareholder: \$75,432.10 Total Liabilities: \$1,142,144.93)

50 % \$ 0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

page 5 of 7

28. Tax refunds owed to you☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years...

No Anticipated 2022 Federal or State Tax Refunds. The debtor owes Federal and State tax liabilities.

Federal: \$ 0.00State: \$ 0.00Local: \$ 0.00**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information....**31. Interests in insurance policies**☐ No☒ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or

refund value:

North Western Mutual Whole Life Insurance Policy, Policy no. 5336;
Effective Date: 10/11/2012 (This policy insures the life of the debtor's
minor daughter)

Self- Jonathan Flanary

\$ 2,130.28North Western Mutual Term Life Insurance Policy, Policy no. 5336;
Effective Date: 10/11/2012

Estranged Wife- Allison Flanary

\$ 1.00North Western Mutual Term Life Insurance Policy, Policy no. 2940;
Effective Date: 5/16/2016 (This policy insures the life of the debtor's
estranged wife Allison Flanary)

Self- Jonathan Flanary

\$ 1.00North Western Mutual Whole Life Insurance Policy, Policy no. 6713;
Effective Date: 10/20/2010; Cash Surrender Value

Estranged Wife- Allison Flanary

\$ 3,138.16North Western Mutual Term Life Insurance Policy, Policy no. 4961;
Effective Date: 03/20/2005

Estranged Wife- Allison Flanary

\$ 1.00North Western Mutual Whole Life Insurance Policy, Policy no. 9211;
Effective Date: 04/08/2016; Cash Surrender Value (This policy insures the
life of the debtor's minor son)

Self- Jonathan Flanary

\$ 2,378.04North Western Mutual Whole Life Insurance Policy, Policy no. 9220;
Effective Date: 04/08/2016; Cash Surrender Value (This policy insures the
life of the debtor's minor daughter)

Self- Jonathan Flanary

\$ 2,380.00North Western Mutual Term Life Insurance Policy, Policy no. 3883;
Effective Date: 11/18/2015 (This policy insures the life of the debtor's
estranged wife Allison Flanary)

Self- Jonathan Flanary

\$ 1.00North Western Mutual Term Life Insurance Policy, Policy no. 3345;
Effective Date: 01/11/2016

Estranged Wife- Allison Flanary

\$ 1.00**32. Any interest in property that is due you from someone who has died**☒ No☐ Yes. Give specific information....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**☐ No☒ Yes. Give specific information....

Fraud Claim against Allison Flanary

\$ 1.00**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Give specific information....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$80,171.60

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here>

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....>		\$739,000.00
56. Part 2: Total vehicles, line 5	\$ 128,640.00	
57. Part 3: Total personal and household items, line 15	\$ 5,650.00	
58. Part 4: Total financial assets, line 36	\$ 80,171.60	
59. Part 5: Total business-related property, line 45	\$ 0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00	
61. Part 7: Total other property not listed, line 54	+ \$ 0.00	
62. Total personal property. Add lines 56 through 61	\$ 214,461.60	Copy personal property total▶ + \$ 214,461.60
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$ 953,461.60

Fill in this information to identify your case:

Debtor 1	Jonathan Mark Flanary		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of South Carolina			
Case number (if known)	23-01322		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
1232 Kruger Ave. Brief description: Line from Schedule A/B: 1.1	\$ 389,000.00	<input checked="" type="checkbox"/> \$ 60,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(1)
2022 Ford F350 Brief description: Line from Schedule A/B: 3.1	\$ 56,325.00	<input checked="" type="checkbox"/> \$ 6,700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(2)
Household Goods - Kitchenware Stove Refrigerator Washing Machine Dryer Brief description: Line from Schedule A/B: 6	\$ 2,175.00	<input checked="" type="checkbox"/> \$ 2,175.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor

Jonathan Mark Flanary
First Name Middle Name Last Name

Document

Page 11 of 82

Case number (if known) 23-01322

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Electronics - 3 Televisions (\$250) MacBook Air (\$200) HP Printer (\$25) iPhone 14 (\$600) iPad (\$50) Line from Schedule A/B: 7	\$1,425.00	<input checked="" type="checkbox"/> \$ 1,425.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Brief description: Collectibles Of Value - Household Décor Line from Schedule A/B: 8	\$50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Brief description: Firearms - Glock Handgun (\$200) Benelli Ethos 12 Gauge Shotgun (\$1000) Line from Schedule A/B: 10	\$1,200.00	<input checked="" type="checkbox"/> \$ 1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(15)
Brief description: Clothing - Clothing and Personal Items Line from Schedule A/B: 11	\$800.00	<input checked="" type="checkbox"/> \$ 800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Brief description: Chime Checking Acct: #8327 (Checking Account) Line from Schedule A/B: 17.4	\$1,995.00	<input checked="" type="checkbox"/> \$ 925.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SC Code Section 15-41-30(A)(7) Wildcard exemption funded by unused portion of household items exemption 15-41-30(A)(3)
Brief description: Bitcoin through Venmo Line from Schedule A/B: 18	\$32.60	<input checked="" type="checkbox"/> \$ 32.60 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SC Code Section 15-41-30(A)(7) Wildcard exemption funded by unused portion of household items exemption 15-41-30(A)(3)
Brief description: North Western Mutual Whole Life Insurance Policy, Policy no. 5336; Effective Date: 10/11/2012 (This policy insures the life of the debtor's minor daughter) Line from Schedule A/B: 31	\$2,130.28	<input checked="" type="checkbox"/> \$ 2,130.28 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Term Life Insurance Policy, Policy no. 5336; Effective Date: 10/11/2012 Line from Schedule A/B: 31	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Term Life Insurance Policy, Policy no. 2940; Effective Date: 5/16/2016 (This policy insures the life of the debtor's estranged wife Allison Flanary) Line from Schedule A/B: 31	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Whole Life Insurance Policy, Policy no. 6713; Effective Date: 10/20/2010; Cash Surrender Value Line from Schedule A/B: 31	\$3,138.16	<input checked="" type="checkbox"/> \$ 3,138.16 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Term Life Insurance Policy, Policy no. 4961; Effective Date: 03/20/2005 Line from Schedule A/B: 31	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Whole Life Insurance Policy, Policy no. 9211; Effective Date: 04/08/2016; Cash Surrender Value (This policy insures the life of the debtor's minor son) Line from Schedule A/B: 31	\$2,378.04	<input checked="" type="checkbox"/> \$ 2,378.04 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: North Western Mutual Whole Life Insurance Policy, Policy no. 9220; Effective Date: 04/08/2016; Cash Surrender Value (This policy insures the life of the debtor's minor daughter) Line from Schedule A/B: 31	\$2,380.00	<input checked="" type="checkbox"/> \$ 2,380.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Term Life Insurance Policy, Policy no. 3883; Effective Date: 11/18/2015 (This policy insures the life of the debtor's estranged wife Allison Flanary) Line from Schedule A/B: 31	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: North Western Mutual Term Life Insurance Policy, Policy no. 3345; Effective Date: 01/11/2016 Line from Schedule A/B: 31	\$1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(8)
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number (if know) 23-01322

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--------------------------------------

2.1	Describe the property that secures the claim:	\$ 85,069.50	\$ 389,000.00	\$ 0.00
Bank of America Creditor's Name PO Box 982238 Number Street El Paso TX 79998-2238 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	1232 Kruger Ave., Charleston, SC 29407 - \$389,000.00 1609 Diddy Dr. Mount Pleasant, SC 29464-Judgment entered 5/14/2014 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number 0512			

2.2

Describe the property that secures the claim: \$ 25,247.92 \$ 389,000.00 \$ 0.00

Bank of America

Creditor's Name

PO Box 982238

Number

Street
El Paso TX 79998-2238

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred 10-31-2007

1232 Kruger Ave., Charleston, SC 29407 - \$389,000.00 (Est. Arrearage \$458.43.)

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) HELOC/ 2nd Mortgage

Last 4 digits of account number 0663

2.3

Describe the property that secures the claim: \$ 5,546.55 \$ 389,000.00 \$ 0.00

Discover Financial

Creditor's Name

Attn: Bankruptcy

Number

Street
PO Box 3025

New Albany OH 43054

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred 6/18/12

1232 Kruger Ave., Charleston, SC 29407 - \$389,000.00 1609 Diddy Dr. Mount Pleasant, SC 29464- Judgment entered 9/25/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Last 4 digits of account number 0775

2.4

Describe the property that secures the claim: \$ 132,975.61 \$ 389,000.00 \$ 0.00

PHH Mortgage Services

Creditor's Name

1661 Worthington Road

Number

Street
Suite 100

West Palm Beach FL 33409

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred 10-27-2006

1232 Kruger Ave., Charleston, SC 29407 - \$389,000.00 Mortgage (Est. Arrearage \$1,113.29)

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) Mortgage

Last 4 digits of account number 9443

2.5

Describe the property that secures the claim: \$ 6,665.76 \$ 6,665.76 \$ 0.00

SC Department of Revenue

Creditor's Name

Office of the General Counsel Bankruptcy

Number

Street

Section

300A Outlet Pointe Blvd

Columbia SC 29210-5666

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred _____

All Real and Personal Property - \$6,665.76

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Last 4 digits of account number

2.6

Describe the property that secures the claim: \$ 67,801.58 \$ 68,815.00 \$ 0.00

South State Bank N.A.

Creditor's Name

P.O. Box 6335

Number

Street

Fargo ND 58125

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred _____

2021 Sea Hunt Ultra 234 - \$68,815.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) PMSI _____

Last 4 digits of account number 1283

2.7

Describe the property that secures the claim: \$ 40,477.58 \$ 56,325.00 \$ 0.00

South State Bank N.A.

Creditor's Name

P.O. Box 6335

Number

Street

Fargo ND 58125

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred 09-30-2021

2022 Ford F350 - \$56,325.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) PMSI<910 _____

Last 4 digits of account number 7720

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 363,784.50

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have

additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<div>Christopher J. Neeson, Esq. Creditor's Name</div> <div>P.O. Box 90260 Number Street Indianapolis IN 46290</div> <div>City State ZIP Code</div>	<div>On which line in Part 1 did you enter the creditor? 2.1</div> <div>Last 4 digits of account number</div>
<div>Susan B. Shaw, Esq. Creditor's Name</div> <div>945 Paces Ferry Rd., Suite 2750 Number Street Atlanta GA 30326</div> <div>City State ZIP Code</div>	<div>On which line in Part 1 did you enter the creditor? 2.1</div> <div>Last 4 digits of account number</div>
<div>Trace M. Dillon Esq. Creditor's Name</div> <div>The Dillon Law Firm P.C. Number Street P.O. Box 1850</div> <div>Tallevast FL 34270 City State ZIP Code</div>	<div>On which line in Part 1 did you enter the creditor? 2.3</div> <div>Last 4 digits of account number</div>

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number (if know) 23-01322

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Allison M. Flanary <small>Priority Creditor's Name</small> 1609 Diddy Dr. <small>Number Street</small> Mount Pleasant SC 29464 <small>City State ZIP Code</small> Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number \$ 6,622.64 When was the debt incurred? Phone Number: 843-830-5396 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	\$ 6,622.64	\$ 6,622.64	\$ 0.00

2.2	<div>Charleston County Delinquent Tax</div> <div>Priority Creditor's Name</div> <div>4045 Bridgeview Dr.</div> <div>Number Street</div> <div>North Charleston SC 29405</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? 2022 Property Taxes</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of PRIORITY unsecured claim:</div> <div><input type="checkbox"/> Domestic support obligations</div> <div><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</div> <div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div> <div><input type="checkbox"/> Other. Specify</div>	<div>\$ 3,222.78</div> <div>\$ 3,222.78</div> <div>\$ 0.00</div>
-----	---	--	--

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.3

Charleston County Family Court

Priority Creditor's Name

100 Broad Street

Number Street

Suite 143

Charleston SC 29401

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ 0.00

\$ 0.00

\$ 0.00

When was the debt incurred? Notice Only

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

Charleston County Treasurer

Priority Creditor's Name

4045 Bridgeview Drive

Number Street

North Charleston SC 29405

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ 0.00

\$ 0.00

\$ 0.00

When was the debt incurred? Notice Only

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.5

Internal Revenue Service

Priority Creditor's Name

Centralized Insolvency Operations

Number Street

PO Box 7346

Philadelphia PA 19101-7346

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$ 0.00

\$ 0.00

\$ 0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.6

Meredith Law Firm, LLC

Priority Creditor's Name

4000 Faber Place Drive

Number Street

Suite 120

North Charleston SC 29405

City State ZIP Code

Who owes the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt**Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number**

\$ 2,349.00

\$ 2,349.00

\$ 0.00

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify Attorney Fees

2.7

South Carolina Department of Revenue

Priority Creditor's Name

Office of the General Counsel- Bankruptcy

Number Street

Section

300A Outlet Pointe Blvd

Columbia SC 29210-5666

City State ZIP Code

Who owes the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt**Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number**

\$ 48,515.18

\$ 48,515.18

\$ 0.00

When was the debt incurred? Sales and Use Tax _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing else to report in this part. Submit to the court with your other schedules.☒ Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	<p>ABC/Amega Nonpriority Creditor's Name</p> <p>500 Seneca St. Suite 503 Number Street Buffalo NY 14204</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p> <p style="text-align: right;">\$ <u>1,285.71</u></p>
4.2	<p>Abercrombia Textiles Nonpriority Creditor's Name</p> <p>3400 US 211A Number Street Cliffside NC 28024</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p> <p style="text-align: right;">\$ <u>91.08</u></p>
4.3	<p>Aff Group Nonpriority Creditor's Name</p> <p>101 Groce Rd. Number Street Lyman SC 29365</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p> <p style="text-align: right;">\$ <u>3,130.53</u></p>

4.4	<p>A.G. Adjustments, LTD Nonpriority Creditor's Name</p> <p>740 Walt Whitman Rd. Number Street Melville NY 11747</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 2,013.37
4.5	<p>Allison Flanary Nonpriority Creditor's Name</p> <p>1609 Diddy Dr. Number Street Mount Pleasant SC 29464</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Dischargeable Property Settlement</p>	\$ 302,856.55
4.6	<p>Altus Receivables Management Nonpriority Creditor's Name</p> <p>2121 Airline Dr., Suite 520 Number Street Metairie LA 70002</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 1,084.13

4.7	<p>American Custom Finishing Nonpriority Creditor's Name</p> <p>2830 US Hwy 70 SE. Number Street Hickory NC 28603</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p> <p style="text-align: right;">\$ <u>141.65</u></p>
4.8	<p>American Express Nonpriority Creditor's Name</p> <p>PO Box 981540 Number Street El Paso TX 79998</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3143</p> <p>When was the debt incurred? 07-07-2022</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured Credit Card</p> <p style="text-align: right;">\$ <u>13,676.00</u></p>
4.9	<p>Bella Home Furnishings Nonpriority Creditor's Name</p> <p>115 W Willis St. Number Street Prescott AZ 86301</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p> <p style="text-align: right;">\$ <u>466.84</u></p>

4.10	Belle Maison Nonpriority Creditor's Name 89-50 127th Street Number Street Richmond Hill NY 11418 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,098.07
4.11	Capris Furniture Nonpriority Creditor's Name 1401 NW 27th Ave. Number Street Ocala FL 34475 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,560.00
4.12	Charlotte Fabrics Nonpriority Creditor's Name 3101 Louisiana Ave. N Number Street Minneapolis MN 55427 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 676.87

4.13	Classical Elements, LLC Nonpriority Creditor's Name P.O. Box 1189 Number Street High Point NC 27261 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 154.72
4.14	Covington Fabrics & Design, LLC Nonpriority Creditor's Name P.O. Box 603467 Number Street Charlotte NC 28260 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 3,671.92
4.15	Credit International Corporation Nonpriority Creditor's Name P.O. Box 1268 Number Street Bothell WA 98041 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4287 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 101,841.44

4.16	Credit International Corporation Nonpriority Creditor's Name P.O. Box 1268 Number Street Bothell WA 98041 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 58,827.68
4.17	Crypton Inc. Nonpriority Creditor's Name 513 Crypton Dr. Number Street Kings Mountain NC 28086 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 5,353.76
4.18	Curio Brands Nonpriority Creditor's Name 1010 Lynn Ln. #3963 Number Street Starkville MS 39759 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 10.00

4.19	Department of Education/Aidvantage Nonpriority Creditor's Name PO Box 9635 Number Street Wilkes Barre PA 18773 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1115 When was the debt incurred? 08-17-2010 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only-Educational (The debtor understands this debt is non-dischargeable within this bankruptcy case.)	\$ 6,608.00
4.20	Department of Education/Aidvantage Nonpriority Creditor's Name PO Box 9635 Number Street Wilkes Barre PA 18773 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1115 When was the debt incurred? 08-15-2011 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$ 7,573.00
4.21	Department of Education/Aidvantage Nonpriority Creditor's Name PO Box 9635 Number Street Wilkes Barre PA 18773 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1115 When was the debt incurred? 08-15-2011 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only-Educational (The debtor understands this debt is non-dischargeable within this bankruptcy case.)	\$ 1,377.00

4.22	Department of Education/Aidvantage Nonpriority Creditor's Name PO Box 9635 Number Street Wilkes Barre PA 18773 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1115 When was the debt incurred? 08-15-2011 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only-Educational (The debtor understands this debt is non-dischargeable within this bankruptcy case.)	\$ 2,203.00
4.23	Department of Education/Aidvantage Nonpriority Creditor's Name PO Box 9635 Number Street Wilkes Barre PA 18773 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1115 When was the debt incurred? 08-17-2010 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only-Educational (The debtor understands this debt is non-dischargeable within this bankruptcy case.)	\$ 5,808.00
4.24	Distinctive Delivery Service, LLC Nonpriority Creditor's Name 1811 Indigo Market Dr. Suite 205 Number Street Mount Pleasant SC 29464 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 270.00

4.25	Dominion Energy Nonpriority Creditor's Name PO Box 100255 Number Street Columbia SC 29202 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>343.21</u>
4.26	Dovetail Furniture Nonpriority Creditor's Name 14000 S. Figueroa St. Number Street Los Angeles CA 90061 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>3,694.60</u>
4.27	Drapery Boutique, Inc Nonpriority Creditor's Name 211 Johnson St. Number Street Haw River NC 27258 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>2,925.00</u>

4.28	Eastern Accents Nonpriority Creditor's Name 4201 Belmont Ave. Number Street Chicago IL 60641 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,062.00
4.29	EGS Financial Care, Inc. Nonpriority Creditor's Name 2085 Lynnhaven Pkwy. Number Street Ste 106-601 Virginia Beach VA 23456 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,006.39
4.30	Elk Group International Nonpriority Creditor's Name 12 Willow Ln. Number Street Nesquehoning PA 18240 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,634.53

4.31	Fabricut Nonpriority Creditor's Name 9303 East 46th St. Number Street Tulsa OK 74145 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 3,711.70
4.32	Fibreworks Nonpriority Creditor's Name 2301 Brennen Business Court Number Street Louisville KY 40299 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 553.87
4.33	F. Shumacher & Co. Nonpriority Creditor's Name 979 3rd Ave. #832 Number Street New York NY 10022 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 9,754.32

4.34	Gabby Home Nonpriority Creditor's Name 3140 Pelham Parkway Number Street Pelham AL 35124 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>3,678.00</u>
4.35	Global Textile Alliance Nonpriority Creditor's Name 2361 Holiday Loop Number Street Reidsville NC 27320 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>313.71</u>
4.36	Golding Fabrics Inc. Nonpriority Creditor's Name 7097 Mendenhall Rd. Number Street High Point NC 27263 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>605.00</u>

4.37	Gulfstream Communications Nonpriority Creditor's Name P.O. Box 1794 Number Street Mount Pleasant SC 29465 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 5,850.00
4.38	Hamilton Fabric Sales Nonpriority Creditor's Name 629 Southwest St. Number Street High Point NC 27260 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 2,663.68
4.39	IDC Trim & Upholstry Supplies Nonpriority Creditor's Name 1340 S. Danzler Rd. Number Street Duncan SC 29334 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 179.90

4.40	Illerom Trading, Inc. Nonpriority Creditor's Name 11576 Pierson Rd. Number Street West Palm Beach FL 33414 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 2,766.00
4.41	Jaipur Living Nonpriority Creditor's Name 1800 Cherokee Pkwy Number Street Acworth GA 30102 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 9,095.54
4.42	JP Morgan Chase Bank Nonpriority Creditor's Name Po Box 15369 Number Street Wilmington DE 19850 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0061 When was the debt incurred? 02-12-2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured Credit Card	\$ 8,536.00

4.43	King Textiles, LLC Nonpriority Creditor's Name 400 Interstate Dr. Number Street High Point NC 27263 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>202.60</u>
4.44	Kravet Nonpriority Creditor's Name 225 Central Ave. S. Number Street Bethpage NY 11714 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>2,072.59</u>
4.45	Lino Textil, LLC Nonpriority Creditor's Name 270 W. 39th Street, Number Street 16th Floor New York NY 10018 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>386.00</u>

4.46	Lyon Collection Services Inc Nonpriority Creditor's Name 7924 West Sahara Ave. Number Street Las Vegas NV 89117 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,726.38
4.47	Magitex Decor Nonpriority Creditor's Name 2791 NW 82nd Ave. Number Street Miami FL 33122 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 759.00
4.48	Magnolia Companies Nonpriority Creditor's Name P.O. Box 67 Number Street Belden MS 38826 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 4,401.26

4.49	Michael Kennedy Nonpriority Creditor's Name Lincoln & Morgan Number Street 600 W. Broadway, Suite 700 San Diego CA 92101 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify UCC-1 Lien	\$ 202,992.72
4.50	Michell Fabrics Nonpriority Creditor's Name 3532 Coleman Ct., Ste C Number Street Lafayette IN 47905 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 267.74
4.51	Mitel Nonpriority Creditor's Name 1146 North Alma School Rd. Number Street Mesa AZ 85201 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 4,834.00

4.52	<p>MSS Solutions, LLC Nonpriority Creditor's Name</p> <p>P.O. Box 538178 Number Street Atlanta GA 30353</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ <u>1,096.68</u>
4.53	<p>New Home Charleston Nonpriority Creditor's Name</p> <p>P.O. Box 22573 Number Street Charleston SC 29413</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ <u>1,904.00</u>
4.54	<p>Number One Textiles, LTD Nonpriority Creditor's Name</p> <p>DBA Le Grande Collection/ Homesilk Number Street 13202 89th Ave., Suite 215</p> <p>Richmond Hill NY 11418</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ <u>1,539.28</u>

4.55	<p>ODK Capital, LLC DBA OnDeck Nonpriority Creditor's Name</p> <p>4700 W Daybreak Pkwy. Suite 200 Number Street South Jordan UT 84009 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only- Potential liability for business debt.</p>	\$ 190,000.00
4.56	<p>P/Kauffman Nonpriority Creditor's Name</p> <p>440 York Southern Rd. Number Street Fort Mill SC 29715 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 4,557.20
4.57	<p>P/K Lifestyles Nonpriority Creditor's Name</p> <p>3 Park Ave Number Street New York NY 10016 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 513.79

4.58	Rays Reliable Movers Nonpriority Creditor's Name 4975 Lacross Rd. Number Street Charleston SC 29406 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 375.00
4.59	Rioma Inc. Nonpriority Creditor's Name 315 Old Thomasville. Rd Number Street High Point NC 27260 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,515.04
4.60	Rosenthal & Rosenthal, Inc Nonpriority Creditor's Name 1370 Broadway Number Street New York NY 10018 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 25,991.95

4.61	Rowe Furniture Nonpriority Creditor's Name P.O. Box 931028 Number Street Atlanta GA 31193 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 0.00
4.62	Sattler Corp Nonpriority Creditor's Name 447 Main St. Number Street Hudson NC 28638 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,567.29
4.63	Shelba Johnson Trucking/ Brooks Furniture Nonpriority Creditor's Name Xpress 1640 Blair St. Number Street Thomasville NC 27360 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 125.63

4.64	Sherrill Furniture Co. Nonpriority Creditor's Name 2405 Highland Ave. NE Number Street Hickory NC 28601 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>20,706.65</u>
4.65	Simply Yours Interiors Nonpriority Creditor's Name 1260 Blls Hwy Number Street Walterboro SC 29488 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>235.00</u>
4.66	Skeen Decorative Fabrics Nonpriority Creditor's Name 1220 W. Market Center Dr. Number Street High Point NC 27260 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>3,432.40</u>

4.67	Southeastern Freight Lines, Inc Nonpriority Creditor's Name P.O. Box 100104 Number Street Columbia SC 29202 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,129.47
4.68	South State Bank N.A. Nonpriority Creditor's Name P.O. Box 6335 Number Street Fargo ND 58125 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6308 When was the debt incurred? 01/26/2021 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personally Guaranteed by debtor. Secured by Yale GLC050 Forklift	\$ 12,459.78
4.69	Spring Creative Nonpriority Creditor's Name 300 Chatham Ave. #100 Number Street Rock Hill SC 29730 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 268.95

4.70	Stellar Slip Covers and Soft Furnishings Nonpriority Creditor's Name 104 S. Belair Rd., Suite 8 Number Street Augusta GA 30907 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,125.00
4.71	Stout Textiles Nonpriority Creditor's Name 3050 Trewightown Rd. Number Street Colmar PA 18915 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,234.54
4.72	Summer Classics Nonpriority Creditor's Name 1308 Morehead St. Number Street Charlotte NC 28208 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 3,260.00

4.73	Sunbelt Furniture Xpress Nonpriority Creditor's Name 3255 20th Ave. Number Street Hickory NC 28602 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 216.69
4.74	Sunfield, Inc. Nonpriority Creditor's Name 3525 Iron Horse Rd. #106 Number Street Ladson SC 29456 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,247.16
4.75	Surya Nonpriority Creditor's Name 1 Surya Dr. Number Street White GA 30184 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,594.95

4.76	Swavelle Mill Creek Nonpriority Creditor's Name 9550 William Aiken Ave Number Street Ladson SC 29456 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 7,484.77
4.77	Telco Nonpriority Creditor's Name 1070 St. Andrews Blvd Number Street Charleston SC 29407 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 377.00
4.78	Tempo Fabrics Nonpriority Creditor's Name 2130 Brevard Rd. Number Street High Point NC 27263 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 4,926.23

4.79	<p>Textile Fabric Associates, LLC</p> <p>Nonpriority Creditor's Name</p> <p>15 E 26th St. Floor 2</p> <p>Number Street New York NY 10010</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 1,570.20
4.80	<p>TForce Freight</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 650690</p> <p>Number Street Dallas TX 75265</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 947.07
4.81	<p>The Commercial Collection Corp of NY, INC</p> <p>Nonpriority Creditor's Name</p> <p>34 Seymour st.</p> <p>Number Street Tonawanda NY 14150</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt</p>	\$ 1,316.10

4.82	Thibaut Nonpriority Creditor's Name 1095 Morris Ave., Suite 450 Number Street Union NJ 07083 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>129.71</u>
4.83	TNT Sales Nonpriority Creditor's Name 113 Belton Dr. Number Street Spartanburg SC 29301 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>196.65</u>
4.84	Trevi Fabrics Nonpriority Creditor's Name 2110 Dunmore Ct. Number Street High Point NC 27263 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>577.75</u>

4.85	Trivantage, LLC Nonpriority Creditor's Name 1831 N. park Ave. Building 2 Number Street Burlington NC 27217 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 4,253.91
4.86	TSC Designs Nonpriority Creditor's Name 1851 9th Ave. NE. Number Street Hickory NC 28601 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 1,675.00
4.87	United Fabrics Inc. Nonpriority Creditor's Name 9115 Pennsauken Hwy Number Street Pennsauken NJ 08110 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 278.75

4.88	United Supply Co. Nonpriority Creditor's Name P.O. Box 890276 Number Street Charlotte NC 29289 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>7,326.03</u>
4.89	UPS Nonpriority Creditor's Name P.O. Box 30549 Number Street Charleston SC 29417 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>101.37</u>
4.90	US Small Business Administration Nonpriority Creditor's Name 409 3rd Street SW Number Street Washington DC 20416 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>150,000.00</u>

4.91	Uttermost Company Nonpriority Creditor's Name 3325 Grassy Hill Rd. Number Street Rocky Mount VA 24151 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 15.00
4.92	Valdese Weavers, LLC Nonpriority Creditor's Name 1000 Perkins Rd. SE. Number Street Valdese NC 28690 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 924.80
4.93	Vision Fabrics Nonpriority Creditor's Name 305 W. High Ave. Number Street High Point NC 27260 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 342.30

4.94	Wallquest, Inc Nonpriority Creditor's Name 465 Devon Park Dr. Number Street Wayne PA 19087 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>4,886.26</u>
4.95	WOW Business Nonpriority Creditor's Name P.O. Box 4350 Number Street Carol Stream IL 60197 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6809 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>140.86</u>
4.96	York Wallcoverings Inc Nonpriority Creditor's Name P.O. Box 736508 Number Street Dallas TX 75373 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ <u>675.46</u>

4.97	York Wallcoverings, LLC Nonpriority Creditor's Name 750 Linden Ave. Number Street York PA 17404 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify notice only - potential liability for business debt	\$ 675.46
-------------	---	---	-----------

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Intuit Payment Solutions Creditor's Name 2700 Coast Ave Number Street Mountain View CA 94043 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Last 4 digits of account number
Rene Dukes Esq. Creditor's Name Saxton & Stump Number Street 151 Meeting St., Suite 400 Charleston SC 29401 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.1 of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Rene Dukes, Esq. Creditor's Name Saxton & Stump Number Street 151 Meeting Street, Suite 400 Charleston SC 29401 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
South Carolina Child Support Enforcement Creditor's Name PO Box 1469 Number Street Columbia SC 29202 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 2.1 of (Check one): <input checked="" type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
The CIT Group/ Commercial Services Creditor's Name 134 Wooding Ave. Number Street Danville VA 24541 City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

U.S. Small Business Administration

Creditor's Name

SBA Disaster Loan Service Center

Number Street

2 North 20th Street, Suite 320

Birmingham AL 35203

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.90 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim

Total claims
from Part 1

6a. Domestic support obligations

6a. \$ 6,622.64

6b. Taxes and certain other debts you owe the government

6b. \$ 51,737.96

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ 2,349.00

6e. Total. Add lines 6a through 6d.

6e. \$ 60,709.60

Total claim

Total claims
from Part 2

6f. Student loans

6f. \$ 7,573.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 1,255,139.19

6j. Total. Add lines 6f through 6i.

6j. \$ 1,262,712.19

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number 23-01322
(if know)

☐ Check if this is
an amended
filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 Demi Tiqui Name 1280 Appling Dr. Street Mount Pleasant SC 29464 City State ZIP Code	Residential Housing Lease Current- Reject \$3,108.00/ Month Lease ends 06/24/2023 Lessee

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number 23-01322
(if know) _____

☐ Check if this is
an amended
filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Allison Flanary
Name
1609 Diddy Dr.
Street
Mount Pleasant SC 29464
City State ZIP Code

- ☐ Schedule D, line ____
☒ Schedule E/F, line 2.7
☐ Schedule G, line ____

page 1

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→ 4.	\$ 0.00	\$	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$	
5e. Insurance	5e. \$ 0.00	\$	
5f. Domestic support obligations	5f. \$ 0.00	\$	
5g. Union dues	5g. \$ 0.00	\$	
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$	
_____	\$	\$	
_____	\$	\$	
_____	\$	\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6. \$ 0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 3,423.47	\$	
8b. Interest and dividends	8b. \$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$	
8d. Unemployment compensation	8d. \$ 0.00	\$	
8e. Social Security	8e. \$ 0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$	
8g. Pension or retirement income	8g. \$ 0.00	\$	
8h. Other monthly income. Specify: Contributions from family	8h. + \$ 6,000.00	+ \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$ 9,423.47	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 9,423.47 +	\$ = \$ 9,423.47	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies			12. \$ 9,423.47 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. Mr. Flanary's father will supplement his son's living expenses until Luxury Flooring, LLC & Sadie's Fabric <input type="checkbox"/> Yes. Explain: Empire generate enough income to support his expenses. The income listed for Luxury Flooring is based upon April 2023 earnings. The debtor does not anticipate an increase or decrease in his income of 10% or			

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 106I

1. Describe Employment:

Debtor: Jonathan Mark Flanary

Occupation: Owner

Name of Employer: Sadie's Fabric Empire

Employer's Address:

Length of Employment: 6 Years

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Case number (if known) 23-01322

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ <u>458.43</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>120.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>45.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>168.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>450.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>120.00</u>
10. Personal care products and services	10. \$ <u>148.00</u>
11. Medical and dental expenses	11. \$ <u>234.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>370.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>
14. Charitable contributions and religious donations	14. \$ <u>54.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>510.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>100.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal Property Tax</u>	16. \$ <u>48.11</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>3,341.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Jonathan Mark Flanary
 First Name Middle Name Last Name

Case number (if known) 23-01322

21. Other. Specify: Subscriptions	21. +\$ 63.76
Rental Property Warranty	+\$ 79.99
Other Court Ordered Obligations (Children's Health and Extracurricular Activities)	+\$ 720.05

22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ 7,205.34
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	22b. \$
	22c. \$ 7,205.34

23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i> .	23a. \$ 9,423.47
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 7,205.34
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 2,218.13

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Mr. Flanary is seeking modification of the temporary support orders in order for a more feasible budget. The debtor does not anticipate an increase or decrease in his expenditures of 10% or more at this time.

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the District of South Carolina

Case number 23-01322
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jonathan Mark Flanary
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 05/31/2023
MM / DD / YYYY

Date _____
MM / DD / YYYY

☐ Check if this is an amended filing

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1. What is your current marital status?

- 2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

page 1 of 8

For last calendar year: (January 1 to December 31, <u>2022</u>)	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>976,300.35</u> <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2021</u>)	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>1,234,800.47</u> <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	\$ _____	_____	_____
	Rental Income Kruger	\$ 7,980.00	_____	_____
For last calendar year: (January 1 to December 31, <u>2022</u>)	_____	\$ _____	_____	_____
	Rental Income Kruger	\$ 23,940.00	_____	_____
For the calendar year before that: (January 1 to December 31, <u>2021</u>)	_____	\$ 23,940.00	_____	_____
	Rental Income Kruger	\$ _____	_____	_____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
------------------	-------------------	----------------------	-------------------------

Debtor

PHH Mortgage Services

Creditor's Name

1661 Worthington Road

Number Street

Suite 100

West Palm Beach FL

City State
33409

ZIP Code

\$ 1,113.29

\$ 132,975.61

- ☒ Mortgage
☐ Car
☐ Credit card
☐ Loan repayment
☐ Suppliers or vendors
☐ Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No.
☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No.
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Nature of the case

Court or agency

Status of the case

Case title:
 Bank of America N A vs
 Jonathan M Flanary
 Case number:
2013CP1002714

Debt Collection - Judgment for
 Plaintiff \$85,069.50; Date filed:
 05/08/2013

Charleston County Court of Common Pleas
 Court Name
100 Broad St.
 Number Street
Charleston SC 29401
 City State ZIP Code

- ☐ Pending
☐ On appeal
☒ Concluded

Case title:
 Allison Flanary Vs. Jonathan
 Flanary
 Case number:
2022-DR-10-01918

Divorce; Date filed: 09/02/2022

Charleston County Family Court
 Court Name
100 Broad St. # 143
 Number Street
Charleston SC 29401
 City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

Case title:
 Discover Bank vs. Jonathan
 Flanary
 Case number:
2012CP1003971

Attached, Seized, or Levied:
 Debt Collection- Judgment for
 Plaintiff \$5,546.55; Date filed:
 06/18/2012

Charleston County Court of Common Pleas
 Court Name
100 Broad St.
 Number Street
Charleston SC 29401
 City State ZIP Code

- ☐ Pending
☐ On appeal
☒ Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Credit Counseling: \$10.00		05/2023	\$ 10.00
MoneySharp Credit Counseling Person Who Was Paid 1916 N. Fairfield Avenue Number Street Chicago IL 60647 City State ZIP Code Email or website address Debtor Person Who Made the Payment, if Not You			\$

Debtor

Jonathan Mark Flanary

First Name Middle Name Last Name

Document Page 68 of 82

Case number(if known) 23-01322

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Filing Fee \$313.00 Attorney's Fee \$2,151.00 Credit Report \$36.00 Meredith Law Firm, LLC Person Who Was Paid 4000 Faber Place Drive Number Street Suite 120 North Charleston SC 29405 City State ZIP Code Email or website address Debtor Person Who Made the Payment, if Not You	05/2023	\$ 2,500.00 \$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
2019 Mercedes C300, \$38,123.00 Carvana Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you <u>Unrelated 3rd Party</u>	Mr. Flanary sold this vehicle to Carvana in September of 2021. He used the proceeds from the sale to put a down payment on the Ford F350	09/15/2021

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Debtor

Jonathan Mark Flanary

First Name Middle Name Last Name

Document Page 69 of 82

Case number(if known) 23-01322

Wells Fargo Acct
 Name of Financial Institution
 P.O. Box 6995
 Number
 Street
 Portland OR 97228
 City State ZIP Code

XXXX- 1 4 5 3

☐ Checking☒ Savings

09/01/2022

\$ 0.00

☐ Money market☐ Brokerage☐ Other _____

Wells Fargo Acct
 Name of Financial Institution
 P.O. Box 6995
 Number
 Street
 Portland OR 97228
 City State ZIP Code

XXXX- 1 6 1 7

☐ Checking☒ Savings

09/01/2022

\$ 0.00

☐ Money market☐ Brokerage☐ Other _____

Wells Fargo Acct
 Name of Financial Institution
 P.O. Box 6995
 Number
 Street
 Portland OR 97228
 City State ZIP Code

XXXX- 0 0 7 7

☒ Checking☐ Savings

09/19/2022

\$ 0.00

☐ Money market☐ Brokerage☐ Other _____

Wells Fargo Acct
 Name of Financial Institution
 P.O. Box 6995
 Number
 Street
 Portland OR 97228
 City State ZIP Code

XXXX- 0 0 8 5

☒ Checking☐ Savings

10/04/2022

\$ 0.00

☐ Money market☐ Brokerage☐ Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Aiden Fabrics LLC- CLOSED

Business Name

1172 SC-41 Suite 101

Number

Street

Mount Pleasant SC 29466

City

State

ZIP Code

Describe the nature of the business

Fabric Sales (Mr. Flanary had a 50% ownership interest in this business with his estranged wife. All remaining assets listed on Schedule A/B.)

Name of accountant or bookkeeper

Brian D. Kurtz

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 4 6 - 5 6 0 8 9 9 6

Dates business existed

From 05/12/2014 To 10/26/2022

Sadies Fabric Empire, LLC

Business Name

1609 Diddy Dr.

Number

Street

Mount Pleasant SC 29464

City

State

ZIP Code

Describe the nature of the business

Online Fabric Sales (Mr. Flanary has a 50% ownership interest in this business with his estranged wife. All assets listed on Schedule A/B.)

Name of accountant or bookkeeper

Brian D. Kurtz

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 8 2 - 1 3 9 0 8 6 0

Dates business existed

From 05/02/2017 To Current

Luxury Flooring, LLC

Business Name

1609 Diddy Dr.

Number

Street

Mount Pleasant SC 29464

City

State

ZIP Code

Describe the nature of the business

Flooring Sales (Mr. Flanary has a 50% ownership interest in this business with his estranged wife. All assets listed on Schedule A/B.)

Name of accountant or bookkeeper

Brian D Kurtz

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 8 6 - 1 3 3 5 1 0 4

Dates business existed

From ____ To Current

Woven Provisions, LLC

Business Name

1609 Diddy Dr.

Number

Street

Mount Pleasant SC 29464

City

State

ZIP Code

Describe the nature of the business

Fabric Sales (Mr. Flanary started this business in name only. It never operated and had no assets.)

Name of accountant or bookkeeper

Brian D. Kurtz

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 8 1 - 4 7 4 2 2 0 8

Dates business existed

From 12/20/2016 To 01/05/2022

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Jonathan Mark Flanary

Signature of Debtor 1

X

Signature of Debtor 2

Date 05/31/2023

Date _____

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse7. **Interest, dividends, and royalties**


\$ 0.00

\$ 0.00

8. **Unemployment compensation**

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you \$ 0.00

For your spouse \$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00

\$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

Total amounts from separate pages, if any.

+ \$ 0.00

+ \$ 0.00

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,995.00

+

\$ 0.00

= \$ 1,995.00

Total average
monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** \$ 1,995.00

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ 0.00

\$ 0.00

+ \$ 0.00

Total

\$ 0.00

Copy here →

— 0.00

14. **Your current monthly income.** Subtract the total in line 13 from line 12.

\$ 1,995.00

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$ 1,995.00

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. \$ 23,940.00

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. SC

16b. Fill in the number of people in your household. 2

16c. Fill in the median family income for your state and size of household. \$ 72,416.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$ 1,995.00

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. - \$ 0.00

19b. Subtract line 19a from line 18. \$ 1,995.00

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ 1,995.00

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. \$ 23,940.00

20c. Copy the median family income for your state and size of household from line 16c. \$ 72,416.00

21. How do the lines compare?

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1

Jonathan Mark Flanary

First Name

Middle Name

Last Name

Document

Page 75 of 82

Case number (if known) 23-01322

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

/s/ Jonathan Mark Flanary

Signature of Debtor 1

X

Signature of Debtor 2

Date 05/31/2023

MM / DD / YYYY

Date

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

ABC/Amega
500 Seneca St. Suite 503
Buffalo, NY 14204

Abercrombia Textiles
3400 US 211A
Cliffside, NC 28024

Aff Group
101 Groce Rd.
Lyman, SC 29365

Allison Flanary
1609 Diddy Dr.
Mount Pleasant, SC 29464

Allison M. Flanary
1609 Diddy Dr.
Mount Pleasant, SC 29464

Altus Receivables Management
2121 Airline Dr., Suite 520
Metairie, LA 70002

American Custom Finishing
2830 US Hwy 70 SE.
Hickory, NC 28603

American Express
PO Box 981540
El Paso, TX 79998

Bank of America
PO Box 982238
El Paso, TX 79998-2238

Bella Home Furnishings
115 W Willis St.
Prescott, AZ 86301

Belle Maison
89-50 127th Street
Richmond Hill, NY 11418

Capris Furniture
1401 NW 27th Ave.
Ocala, FL 34475

Charleston County Delinquent Tax
4045 Bridgeview Dr.
North Charleston, SC 29405

Charleston County Family Court
100 Broad Street
Suite 143
Charleston, SC 29401

Charleston County Treasurer
4045 Bridgeview Drive
North Charleston, SC 29405

Charlotte Fabrics
3101 Louisiana Ave. N
Minneapolis, MN 55427

Christopher J. Neeson, Esq.
P.O. Box 90260
Indianapolis, IN 46290

Classical Elements, LLC
P.O. Box 1189
High Point, NC 27261

Covington Fabrics & Design, LLC
P.O. Box 603467
Charlotte, NC 28260

Credit International Corporation
P.O. Box 1268
Bothell, WA 98041

Credit International Corportation
P.O. Box 1268
Bothell, WA 98041

Crypton Inc.
513 Crypton Dr.
Kings Mountain, NC 28086

Curio Brands
1010 Lynn Ln. #3963
Starkville, MS 39759

Demi Tiqui
1280 Appling Dr.
Mount Pleasant, SC 29464

Department of Education/Aidvantage
PO Box 9635
Wilkes Barre, PA 18773

Discover Financial
Attn: Bankruptcy
PO Box 3025
New Albany, OH 43054

Distincitive Delivery Service, LLC
1811 Indigo Market Dr. Suite 205
Mount Pleasant, SC 29464

Dominion Energy
PO Box 100255
Columbia, SC 29202

Dovetail Furniture
14000 S. Figueroa St.
Los Angeles, CA 90061

Drapery Boutique, Inc
211 Johnson St.
Haw River, NC 27258

Eastern Accents
4201 Belmont Ave.
Chicago, IL 60641

EGS Financial Care, Inc.
2085 Lynnhaven Pkwy.
Ste 106-601
Virginia Beach, VA 23456

Elk Group International
12 Willow Ln.
Nesquehoning, PA 18240

F. Shumacher & Co.
979 3rd Ave. #832
New York, NY 10022

Fabricut
9303 East 46th St.
Tulsa, OK 74145

Fibreworks
2301 Brennen Business Court
Louisville, KY 40299

Gabby Home
3140 Pelham Parkway
Pelham, AL 35124

Global Textile Alliance
2361 Holiday Loop
Reidsville, NC 27320

Golding Fabrics Inc.
7097 Mendenhall Rd.
High Point, NC 27263

Gulfstream Communications
P.O. Box 1794
Mount Pleasant, SC 29465

Hamilton Fabric Sales
629 Southwest St.
High Point, NC 27260

IDC Trim & Upholstry Supplies
1340 S. Danzler Rd.
Duncan, SC 29334

Illerom Trading, Inc.
11576 Pierson Rd.
West Palm Beach, FL 33414

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Intuit Payment Solutions
2700 Coast Ave
Mountain View, CA 94043

Jaipur Living
1800 Cherokee Pkwy
Acworth, GA 30102

JP Morgan Chase Bank
Po Box 15369
Wilmington, DE 19850

King Textiles, LLC
400 Interstate Dr.
High Point, NC 27263

Kravet
225 Central Ave. S.
Bethpage, NY 11714

Lino Textil, LLC
270 W. 39th Street,
16th Floor
New York, NY 10018

Lyon Collection Services Inc
7924 West Sahara Ave.
Las Vegas, NV 89117

Magitex Decor
2791 NW 82nd Ave.
Miami, FL 33122

Magnolia Companies
P.O. Box 67
Belden, MS 38826

Michael Kennedy
Lincoln & Morgan
600 W. Broadway, Suite 700
San Diego, CA 92101

Michell Fabrics
3532 Coleman Ct., Ste C
Lafayette, IN 47905

Mitel
1146 North Alma School Rd.
Mesa, AZ 85201

MSS Solutions, LLC
P.O. Box 538178
Atlanta, GA 30353

New Home Charleston
P.O. Box 22573
Charleston, SC 29413

Number One Textiles, LTD
DBA Le Grande Collection/ Homesilk
13202 89th Ave., Suite 215
Richmond Hill, NY 11418

ODK Capital, LLC DBA OnDeck
4700 W Daybreak Pkwy. Suite 200
South Jordan, UT 84009

P/K Lifestyles
3 Park Ave
New York, NY 10016

P/Kauffman
440 York Southern Rd.
Fort Mill, SC 29715

PHH Mortgage Services
1661 Worthington Road
Suite 100
West Palm Beach, FL 33409

Rays Reliable Movers
4975 Lacross Rd.
Charleston, SC 29406

Rene Dukes Esq.
Saxton & Stump
151 Meeting St., Suite 400
Charleston, SC 29401

Rene Dukes, Esq.
Saxton & Stump
151 Meeting Street, Suite 400
Charleston, SC 29401

Rioma Inc.
315 Old Thomasville. Rd
High Point, NC 27260

Rosenthal & Rosenthal, Inc
1370 Broadway
New York, NY 10018

Rowe Furniture
P.O. Box 931028
Atlanta, GA 31193

Sattler Corp
447 Main St.
Hudson, NC 28638

SC Department of Revenue
Office of the General Counsel Bankruptcy
300A Outlet Pointe Blvd
Columbia, SC 29210-5666

Shelba Johnson Trucking/ Brooks Furniture Xpr
1640 Blair St.
Thomasville, NC 27360

Sherrill Furniture Co.
2405 Highland Ave. NE
Hickory, NC 28601

Simply Yours Interiors
1260 Blls Hwy
Walterboro, SC 29488

Skeen Decorative Fabrics
1220 W. Market Center Dr.
High Point, NC 27260

South Carolina Child Support Enforcement
PO Box 1469
Columbia, SC 29202

South Carolina Department of Revenue
Office of the General Counsel- Bankruptc
300A Outlet Pointe Blvd
Columbia, SC 29210-5666

South State Bank N.A.
P.O. Box 6335
Fargo, ND 58125

Southeastern Freight Lines, Inc
P.O. Box 100104
Columbia, SC 29202

Spring Creative
300 Chatham Ave. #100
Rock Hill, SC 29730

Stellar Slip Covers and Soft Furnishings
104 S. Belair Rd., Suite 8
Augusta, GA 30907

Stout Textiles
3050 Trewightown Rd.
Colmar, PA 18915

Summer Classics
1308 Morehead St.
Charlotte, NC 28208

Sunbelt Furniture Xpress
3255 20th Ave.
Hickory, NC 28602

Sunfield, Inc.
3525 Iron Horse Rd. #106
Ladson, SC 29456

Surya
1 Surya Dr.
White, GA 30184

Susan B. Shaw, Esq.
945 Paces Ferry Rd., Suite 2750
Atlanta, GA 30326

Swavelle Mill Creek
9550 William Aiken Ave
Ladson, SC 29456

Telco
1070 St. Andrews Blvd
Charleston, SC 29407

Tempo Fabrics
2130 Brevard Rd.
High Point, NC 27263

Uttermost Company
3325 Grassy Hill Rd.
Rocky Mount, VA 24151

Textile Fabric Associates, LLC
15 E 26th St. Floor 2
New York, NY 10010

Valdese Weavers, LLC
1000 Perkins Rd. SE.
Valdese, NC 28690

TForce Freight
P.O. Box 650690
Dallas, TX 75265

Vision Fabrics
305 W. High Ave.
High Point, NC 27260

The Commercial Collection Corp of NY, INC
34 Seymour st.
Tonawanda, NY 14150

Wallquest, Inc
465 Devon Park Dr.
Wayne, PA 19087

Thibaut
1095 Morris Ave., Suite 450
Union, NJ 07083

WOW Business
P.O. Box 4350
Carol Stream, IL 60197

TNT Sales
113 Belton Dr.
Spartanburg, SC 29301

York Wallcoverings Inc
P.O. Box 736508
Dallas, TX 75373

Trace M. Dillon Esq.
The Dillon Law Firm P.C.
P.O. Box 1850
Tallevast, FL 34270

York Wallcoverings, LLC
750 Linden Ave.
York, PA 17404

Trevi Fabrics
2110 Dunmore Ct.
High Point, NC 27263

Trivantage, LLC
1831 N. park Ave. Building 2
Burlington, NC 27217

TSC Designs
1851 9th Ave. NE.
Hickory, NC 28601

U.S. Small Business Administration
SBA Disaster Loan Service Center
2 North 20th Street, Suite 320
Birmingham, AL 35203

United Fabrics Inc.
9115 Pennsauken Hwy
Pennsauken, NJ 08110

United Supply Co.
P.O. Box 890276
Charlotte, NC 29289

UPS
P.O. Box 30549
Charleston, SC 29417

US Small Business Administration
409 3rd Street SW
Washington, DC 20416

United States Bankruptcy Court
District of South Carolina

In re: Jonathan Mark Flanary

Case No. 23-01322

Chapter 13

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 05/31/2023

/s/ Jonathan Mark Flanary

Signature of Debtor

Signature of Joint Debtor

United States Bankruptcy Court
South Carolina

In re: Jonathan Flanary

Case No. 23-01322

Chapter 13

Debtor(s)

BUSINESS INCOME AND EXPENSES

Gross Monthly Income	\$ 19,738.91
Business Expenses	
Cost of goods sold	13,338.48
Advertising	454.09
Car and truck expenses	0.00
Fees	118.65
Depreciation	
Employee benefits	
Insurance	0.00
Interest	
Legal and professional	0.00
Office expense	5.30
Pension and profit sharing	
Rent	1,718.04
Other leases	
Repairs	10.21
Maintenance	
Supplies	0.00
Taxes and licenses	
Travel, meals, etc	115.01
Utilities	48.87
Other Subcontractor	0.00
South State Loan	236.83
Allision Flanary's share	1,846.72
Total Expenses	\$ 17,892.20
Net Monthly Income	\$ 1,846.71

Sadie's Fabric Empire, LLC

United States Bankruptcy Court
South Carolina

In re: Jonathan Flanary

Case No. 23-01322

Chapter 13

Debtor(s)

BUSINESS INCOME AND EXPENSES

Gross Monthly Income	\$ 6,272.95
Business Expenses	
Cost of goods sold	1,293.30
Advertising	
Car and truck expenses	
Fees	
Depreciation	
Employee benefits	
Insurance	
Interest	
Legal and professional	
Office expense	
Pension and profit sharing	
Rent	
Other leases	
Repairs	
Maintenance	
Supplies	
Taxes and licenses	
Travel, meals, etc	
Utilities	
Other Commission Paid	1,411.36
eBay Fees	2,158.35
Allision Flanary's share	704.97
Total Expenses	\$ 5,567.98
Net Monthly Income	\$ 704.97